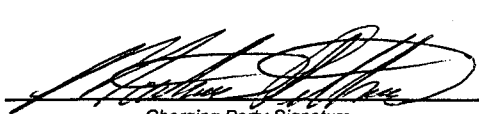


EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 130-2005-07026 </div> </div>	
and EEOC			
State or local Agency, if any			
Name (Indicate Mr., Ms., Mrs.) Ms. Montricea Pittman		Home Phone No. (Incl Area Code) (334) 281-6017	Date of Birth 02-07-1973
Street Address 6144 Cherry Hill Road		City, State and ZIP Code Montgomery, AL 36116	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name MONTGOMERY COUNTY SHERIFFS DEPARTMENT		No. Employees, Members 201 - 500	Phone No. (Include Area Code) (334) 832-4980
Street Address 115 South Perry St., Detention Facility, Montgomery, AL 36116		City, State and ZIP Code	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="margin-right: 10px;"><input type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> OTHER (Specify below.)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE <div style="display: flex; justify-content: space-between;"> <div> Earliest 08/10/2005 </div> <div> Latest 09/12/2005 </div> </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> CONTINUING ACTION </div>	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>I began my employment on April 15, 2004, as a Correctional Officer. During my employment, I made several reports regarding inappropriate conduct of several inmates. On June 4, 2005, I submitted an inmate report, which I later learned had been altered. I reported this conduct and no action was taken. My employer failed to take the appropriate action regarding the inappropriate conduct of the inmate. Their failure to take appropriate action resulted in my being discriminatory disciplined and instructed to attend Inmate Officer Interaction Training, unlike similarly situated male officers who have committed more severe violations and were not discharged. By letter dated August 5, 2005, I protested discriminatory treatment and informed the employer that I would be unable to attend the training on the designated date. I suggested that I take the training on a different date. However, on August 10, 2005, I was informed of pending disciplinary action for alleged neglect or dereliction of duty, insubordination and failure to comply with written or verbal orders. An investigation was conducted. Upon completion of the investigation, on September 12, 2005, I was informed of my immediate termination for the aforementioned alleged violations.</p> <p>I believe I have been discriminated against because of my sex, female and in retaliation for protesting what I believed to be discriminatory (letter dated August 5, 2005) in violation of Title VII of the Civil Rights Act of 1964, as amended.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local A	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> Sep 29, 2005 Date </div> <div>  Charging Party Signature </div> </div>		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

EXHIBIT

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